



10-25-02

\$GP 2811

EV182663766

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/087,416
	Filing Date	February 27, 2002
	First Named Inventor	Jigish D. Trivedi et al.
	Group Art Unit	2811
	Examiner Name	Douglas Owens
Total Number of Pages in This Submission	21	Attorney Docket Number MI22-1965

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	PTO Return Postcard Receipt Check
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. Brent Kenady; Wells St. John P.S.
Signature	
Date	10-23-02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
Typed or printed name	Sent By U.S. Express Mail	
Signature		Date

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 290.00)

Complete if Known

Application Number 10/087,416
Filing Date February 27, 2002
First Named Inventor Jigish D. Trivedi et al.
Examiner Name Douglas W. Owens
Group Art Unit 2811
Attorney Docket No. MI22-1965

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 23-0925
Deposit Account Name Wells St. John P.S.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid
Total Claims 16 -20** = 0 x 18 = -0-
Independent Claims 4 -4** = 0 x 84 = -0-
Multiple Dependent Claims =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ -0-

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	-0-
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	-0-
139 130	139 130	Non-English specification	-0-
147 2,520	147 2,520	For filing a request for ex parte reexamination	-0-
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	-0-
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	-0-
115 110	215 55	Extension for reply within first month	-0-
116 400	216 200	Extension for reply within second month	-0-
117 920	217 460	Extension for reply within third month	-0-
118 1,440	218 720	Extension for reply within fourth month	-0-
128 1,960	228 980	Extension for reply within fifth month	-0-
119 320	219 160	Notice of Appeal	-0-
120 320	220 160	Filing a brief in support of an appeal	-0-
121 280	221 140	Request for oral hearing	-0-
138 1,510	138 1,510	Petition to institute a public use proceeding	-0-
140 110	240 55	Petition to revive - unavoidable	-0-
141 1,280	241 640	Petition to revive - unintentional	-0-
142 1,280	242 640	Utility issue fee (or reissue)	-0-
143 460	243 230	Design issue fee	-0-
144 620	244 310	Plant issue fee	-0-
122 130	122 130	Petitions to the Commissioner	-0-
123 50	123 50	Processing fee under 37 CFR 1.17(q)	-0-
126 180	126 180	Submission of Information Disclosure Stmt	180.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	-0-
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	-0-
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	-0-
179 740	279 370	Request for Continued Examination (RCE)	-0-
169 900	169 900	Request for expedited examination of a design application	-0-
Other fee (specify) Terminal Disclaimer			110.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 290.00

SUBMITTED BY

Name (Print/Type)	D. BRENT KENADY	Registration No. (Attorney/Agent)	40,045	Telephone	509-624-4276
Signature		Date	10-23-02		

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